4

5

6

7

8

9

10

11

12 13

14

15

16

17

18

19

20

21 22

23

24

25

26

27

28

29

30 31

32

33

34

35 36

37

38

39

40

41

42

IN THE SENATE

SENATE BILL NO. 1093

BY HEALTH AND WELFARE COMMITTEE

AN ACT RELATING TO PHYSICIAN ASSISTANTS; AMENDING SECTION 54-1807A, IDAHO CODE, 2 TO PROVIDE REQUIREMENTS REGARDING PHYSICIAN ASSISTANTS WHO PRACTICE AT 3 CERTAIN FACILITIES OR PRACTICES OR WHO OWN A MEDICAL PRACTICE.

Be It Enacted by the Legislature of the State of Idaho:

SECTION 1. That Section 54-1807A, Idaho Code, be, and the same is hereby amended to read as follows:

54-1807A. PHYSICIAN ASSISTANTS -- SUPERVISING PHYSICIANS -- PHYSI-CIAN ASSISTANT ADVISORY COMMITTEE. (1) Physician assistants must be licensed by the board prior to the commencement of activities which may involve the practice of medicine in this state. The licensure requirements for physician assistants shall include passage of an examination acceptable to the board and submission of a completed application to the board on forms furnished by the board. All applicants for original licensure as a physician assistant shall submit to a fingerprint-based criminal history check of the Idaho central criminal database and the federal bureau of investigation criminal history database. Each applicant shall submit a full set of the applicant's fingerprints on forms supplied by the board which shall be forwarded by the board to the Idaho department of law enforcement and to the federal bureau of investigation identification division. Upon licensure, the board shall authorize each physician assistant to assist a physician or group of physicians who are qualified and approved by the board to supervise physician assistants to engage in activities as limited by the board. The board shall fix a license fee. All physician assistants shall renew their licenses annually or biannually.

(2) After a supervising physician or alternate supervising physician receives board approval to supervise a physician assistant, the physician may delegate medical services to the physician assistant as set forth in the delegation of services agreement on forms approved by and filed with the board. The physician assistant may perform delegated medical services in any setting authorized by the supervising physician or alternate supervising physician and the board, including clinics, hospitals, ambulatory surgical centers, patient homes, nursing homes and other health care institutions A physician assistant may practice at a licensed health care facility, a facility with a credentialing and privileging system, a physician-owned facility or practice, or another facility or practice allowed by this chapter. A physician assistant shall collaborate with, consult with, or refer to the appropriate member of the facility health care team as indicated by: the condition of the patient; the education, experience, and competence of the physician assistant; and the community standard of care. The degree and nature of collaboration shall be determined by the facility or practice in which the physician assistant works and shall be set forth in facility bylaws or procedures for facilities that have credentialing and privileging systems or in a written collaborative practice agreement for all other facilities and practices. Such provisions may provide for collaborative oversight to be provided by the employer, group, hospital service, or the credentialing and privileging systems of a licensed facility, but at a minimum shall require a physician assistant to collaborate with one (1) or more physicians licensed pursuant to this chapter. Such physicians need not be identified individually in the facility bylaws or procedures or collaborative practice agreement if more than one (1) physician works in the facility or practice. A physician assistant is responsible for the care provided by the physician assistant and is responsible for obtaining professional liability insurance if the physician assistant is not covered by the facility or practice in which the physician assistant works. A physician assistant may be employed by nonphysician health care providers if the physician assistant has a written collaborative practice agreement with one (1) or more physicians licensed pursuant to this chapter. Both the physician assistant and the physician who are parties to a collaborative practice agreement must comply with all requirements of this chapter and board rules. The collaborative practice agreement shall be provided to the board upon request.

- (3) The supervising physician and alternate supervising physician are responsible for all aspects of the performance of a physician assistant, whether or not the supervising physician or alternate supervising physician actually pays the physician assistant a salary, and are responsible for supervising the physician assistant and ensuring that the medical services performed by the physician assistant are within the physician assistant's scope of training and experience and have been properly delegated by the supervising physician or alternate supervising physician.
- (4) Supervision by a supervising physician or alternate supervising physician shall be continuous but shall not be construed as necessarily requiring the constant physical presence of the supervising physician or alternate supervising physician at the time and place where medical services are performed by the physician assistant.
- (5) A supervising physician or alternate supervising physician shall not delegate to a physician assistant the performance of any medical services for which the supervising physician or alternate supervising physician does not have training or experience and does not perform.
- (6) A physician assistant or a group of physician assistants may independently own a medical practice in this state provided that the supervising physician, alternate supervising physician and each physician assistant comply with all requirements of this section and board rules each physician assistant has a collaborative practice agreement in place with a physician licensed under this chapter. The collaborative practice agreement shall specify that the physician assistant must collaborate with, consult with, or refer to the collaborating physician or another appropriate physician as indicated by: the condition of the patient; the education, experience, and competence of the physician assistant; and the community standard of care. Both the physician assistant and the physician who are parties to the collaborative practice agreement must comply with all requirements of this chapter and board rules. The collaborative practice agreement shall be provided to the board upon request. Each physician assistant must be licensed,

registered or certified as a physician assistant in any state, territory or jurisdiction of the United States for at least two (2) years before the physician assistant may independently own a practice in this state.

- (4) The facility or practice and each collaborating physician are responsible for ensuring that the medical services performed by the physician assistant are within the physician assistant's scope of education, experience, and competence. Each collaborating physician shall collaborate with the physician assistant on the performance of only those medical services for which the collaborating physician has training and experience.
- (75) A physician assistant advisory committee is hereby established as follows:
 - (a) The physician assistant advisory committee shall consist of five (5) members appointed by the board. Four (4) members shall be physician assistants who are residents in this state and engaged in the active practice of medicine in this state, and one (1) member shall be a public member. Whenever a term of a member of the advisory committee expires or becomes vacant, the board shall give consideration to recommendations made by professional organizations of physician assistants and physicians, and any individual residing in the state. The board may remove any committee member for misconduct, incompetency or neglect of duty after giving the member a written statement of the charges and an opportunity to be heard thereon. The executive director of the Idaho state board of medicine shall serve as the executive director to the physician assistant advisory committee.
 - (b) Members will serve a term of three (3) years and terms will be staggered. Members may serve two (2) successive terms. The committee shall elect a chairman from its membership. The committee shall meet as often as necessary to fulfill its responsibilities. Members will be compensated according to section 59-509(p), Idaho Code.
 - (c) The physician assistant advisory committee shall not have authority to revoke licenses or impose limitations or conditions on licenses issued pursuant to this chapter. The committee has authority to make recommendations to the board. The board shall make all final decisions with respect thereto.
 - (d) The physician assistant advisory committee shall work in the following areas in conjunction with and make recommendations to the board and shall perform other duties and functions assigned to it by the board, including:
 - (i) Evaluating the qualifications of applicants for licensure and registration;
 - (ii) Performing investigations of misconduct and making recommendations regarding discipline;
 - (iii) Maintaining a list of currently licensed physician assistants and graduate physician assistants in this state; and
 - (iv) Advising the board on rule changes necessary to license and regulate physician assistants and graduate physician assistants in this state.